

Date: _____

Please return this information to Congressman John D. Dingell at
the District Office closest to you (check one):

☐ Dearborn District
5465 Schaefer Road
Dearborn, Michigan 48126
(313) 846-1276 - Phone
(313) 846-5628 - Fax

☐ Monroe District Office
23 East Front Street, Suite 103
Monroe, Michigan 48161
(734) 243-1849 - Phone
(734) 243-5559 - Fax

I am aware that the Privacy Act of 1974 prohibits the release of information from my file without my approval. Therefore, I authorize the _____ to release information on my claim to Congressman John D. Dingell.

If you wish to have information provided to a parent, child, legal guardian, attorney, or other interested party, please indicate below.

I authorize _____ to receive information regarding my case from Congressman John D. Dingell.

Signature

Constituent Information:

Print Name: _____

Address: _____

Phone: (Home) _____ (Other) _____

E-mail: _____

Date of Birth: _____ **ID #:** _____
(Check one) ___ SSN # ___ Alien # ___ Other

Case Information:

1. Please provide a brief description of your problem:

2. Have you contacted any other Government agencies or organizations to seek assistance with this? If so, who did you contact and what was the result?

3. How can Congressman Dingell assist you with this matter?
